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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                                          |   |                        |                         |
|------------------------------------------|---|------------------------|-------------------------|
|                                          |   | Application Number     | 10/733,846              |
|                                          |   | Filing Date            | December 11, 2003       |
|                                          |   | First Named Inventor   | Jeffrey Daniel Williams |
|                                          |   | Art Unit               | 3616                    |
|                                          |   | Examiner Name          | Tiffany Webb            |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 14314                   |

### ENCLOSURES (Check all that apply)

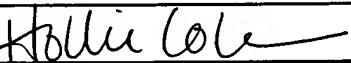
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please Identify below): |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                                                                     |          |        |
|--------------|-------------------------------------------------------------------------------------|----------|--------|
| Firm Name    | Autoliv ASP, Inc.                                                                   |          |        |
| Signature    |  |          |        |
| Printed name | Sally J Brown                                                                       |          |        |
| Date         | January 19, 2006                                                                    | Reg. No. | 37,788 |

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |                                                                                                 |      |                  |
|-----------------------|-------------------------------------------------------------------------------------------------|------|------------------|
| Signature             |                                                                                                 |      |                  |
| Typed or printed name | Hollie Cole  | Date | January 19, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Appl. No. 10/733,846  
Response dated January 19, 2006  
Reply to Office Action of Dec. 21, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/733,846 Confirmation No.: 9016  
Applicant : Jeffrey Daniel Williams, et al.  
Title : EXPANSION-CONTROLLED JOINTS IN AIRBAGS FOR OUT-OF-POSITION OCCUPANTS AND CUSHION POSITIONING  
Filed : December 11, 2003  
TC/A.U. : 3616  
Examiner : Tiffany Webb.  
Docket No. : 14314  
Customer No. : 21552

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO ELECTION/RESTRICTION REQUIREMENT**

Dear Sir:

This paper is filed in response to the Office Action mailed December 21, 2005. The Examiner has required an election between Species 1 (as seen in Figures 1-4), Species 2 (as seen in Figures 5A-5C) and Species 3 (as seen in Figures 6A-6C). In accordance with this election requirement, Applicants elect species 1 (Figures 1-4) without traverse.

Pursuant to this election, Applicant believes that claims 1-8, 13-14, and 16-22 are readable upon the elected species. Accordingly, Applicants duly elects these claims without traverse.

Appl. No. 10/733,846  
Response dated January 19, 2006  
Reply to Office Action of Dec. 21, 2005

If there are any questions regarding this election response that may be clarified by telephone, the Examiner is requested to call the undersigned.

Respectfully submitted,

  
\_\_\_\_\_  
Sally J. Brown  
Reg. No. 37,788  
Attorney for Applicants

Date: January 19, 2006

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